LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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R. O. COWLING, M. D., and L. P. YANDELL, Jr., M. D., EDITORS.

DEATH FROM HYPODERMIC MORPHIA.

In Washington City a death has recently occurred from an apparently small dose of morphine hypodermically given. The patient had pneumonia, and his cough becoming distressing his physician had given him during the day Dover's powder without effect. At nine o'clock in the evening he gave a third of a grain of morphia hypodermically. He had attended the patient frequently before, and had never discovered that opiates by the mouth or under the skin had any unusual effect upon him. After the physician left the family of the patient became alarmed at the symptoms, and sent for him to return. Not finding him, another physician was summoned; and discovering opium-poisoning, applied electricity, etc. The regular medical attendant reached the bedside of his patient only to see him die a short time afterward. The patient and physicians were among the best people of Washington, and the affair caused much distress. The newspaper-report shows very manly conduct on the part of the physician who administered the fatal dose. He did not attempt in the slightest to shirk the responsibility, writing in the certificate that the immediate cause of death was an overdose of opium.

The opiate-treatment of pneumonia is the one perhaps most in vogue, having the high sanction of Flint. Hypodermic medication also has a host of followers, and among very careful men in the profession. Altogether it is somewhat singular that a fatal issue should have been reached in the case narrated. One third of a grain of morphine under the skin is a full dose, but one far from being considered a dangerous one; especially when administered in a case where it was known from previous experience that no idiosyncrasy against opiates existed, and when the distressing symptoms demanded quick relief. The second physician called, when interviewed by a newspaper-reporter, said that one eighth to one fourth of a grain of morphine were the ordinary hypodermic doses, and that in the present instance death was no doubt due to the over-powerful action of the narcotic on nervous centers already weakened by lack of aerated blood. We think he was wrong about the size of the doses of morphine given as the ordinary ones when hypodermically administered. We believe that what he has laid down as the maximum ordinary dose is in reality its minimum. Certainly with nine physicians out of ten, when they think of using the hypodermic syringe at all, they are more liable to give a quarter of a grain of morphine than a smaller quantity, especially to a patient who is known, as a general thing, to bear the drug well. The fact is, in practice extreme caution is most likely to be exercised when the opiate is given by the mouth, as the counteracting effect of excessive pain or nervous irritability is not so generally present. Possibly in the present case the cumulative effect of the previous doses of the Dover powder may have lent its aid to the result; but no mention is made of this, and no doubt this factor was considered. Altogether we imagine the event

was a peculiar one as it was painful; and the physician who administered the fatal dose deserves, and no doubt has received, the sympathy of every generous practitioner in his manly distress.

RESOLUTIONS OF RESPECT TO THE LATE DR. L. P. YANDELL, SR.

MEETING OF STUDENTS OF THE LOUISVILLE MEDICAL COLLEGE.

At a meeting of the class of the Louisville Medical College, on February 5th, to give expression to its respect for the late Dr. L. P. Yandell, sr., Dr. Jeff. Coleman was called to the chair and Mr. W. M. Reedy elected secretary.

A committee of five being appointed to draft suitable resolutions reported the following, which were unanimously adopted:

Whereas, A venerable member of the medical profession, Dr. L. P. Yandell, sr., has been called to close his mortal career, and as aspirants to membership in the honorable profession to which he belonged we feel it to be our especial duty, no less than mournful pleasure, to give public expression of our profound sorrow at the announcement of the death of a professional father; therefore be it

Resolved, That while we submit with patient resignation to the afflictive visitation of the wise Dispenser of all events, we regard the death of Dr. Yandell, whose name has been and long will be identified with the cultivation and practice of medicine in Kentucky, as a public calamity of no ordinary character, and as leaving a chasm that will not soon be filled.

Resolved, That we, as followers in the same noble work, and in recognition of his manly devotion to the advancement of his profession, extend our warmest sympathies to his bereaved family and friends.

Resolved, That a copy of these resolutions be transmitted to the family of the deceased, and to the editor of the Courier-Journal for publication.

W. N. Rogers, Texas,
J. E. Erwin, Virginia,
W. P. Shelly, Georgia,
E. K. Harding, Virginia,
E. Castain, M. D., Mississippi,
Committee.

Dr. Jeff. Coleman, *Chairman.*
W. M. Reedy, *Secretary.*

MEETING OF UNIVERSITY STUDENTS.

At a meeting of the medical class of the University of Louisville, held February 5, 1878, for the purpose of adopting resolutions concerning the death of the late Dr. Lunsford Pitts Yandell, sr., Mr. Clay Alexander, of Louisville, Ky., was called to the chair, and Mr. G. W. Ryan, also of Louisville, was elected secretary.

A committee having been appointed, the following preamble and resolutions were adopted unanimously:

With Dr. Lunsford Pitts Yandell, sr., has passed away the last of the noble pioneers who founded the University of Louisville. He was the last one who could tell us, the rising generation in medicine, the story of its foundation, its progress, its rigid adherence to all that is noble and honorable, its battles in the cause of right, and its steady onward march to its present prosperity. The just pride we feel in this institution, looking forward to the day when we may call it our Alma Mater, entitles us to the honor of mourning deeply its father, whose noble heart is now at rest under the stern finger of death. Be it therefore

Resolved, That with the faculty of the University of Louisville we deeply regret the irreparable loss it has sustained in the death of Dr. Lunsford Pitts Yandell, sr., who was its father, its guardian, its counselor.

That by his death the profession has lost a most able member, who never wearied in the discharge of his duty; and a most brilliant scholar and writer, who by his works will forever be honored and cherished.

That we tender our most heartfelt sympathy to the family of the deceased in the sad bereavement God in his wisdom has pleased to decree to them.

That we extend our deepest regrets to the faculty of the University of Louisville, and especially to his two sons, at the loss of their best and truest friend;

And that the present preamble and resolutions be published by the medical and secular press of the city, and copies be sent to the family of the deceased.

J. D. Nichols, *Ch'n*,
Chas. H. Herman, *Sec'y*,
B. Buckle,
T. J. Draper,
B. L. Culley, *Committee.*

RESOLUTIONS OF THE HENDERSON MEDICAL CLUB.

At a regular meeting of Henderson Medical Club, February 11, 1878, the president, Dr. J. L. Cook, appointed Drs. J. A. Hodge, W. M. Hanna, and J. B. Cook a committee to draft resolutions in regard to the death of Dr. Lunsford P. Yandell, sr., of Louisville. The committee reported as follows:

In offering a tribute of respect to the memory of the good and great patriarch in our profession, Dr. L. P. Yandell, sr., whose distinguished career has just closed on earth, his sun setting in a cloudless sky, whilst we are saddened at the thought that his commanding form will no more be seen, his eloquent tongue no more be heard in our assemblies, his instructive and fertile pen will never again be wielded in the interests of science, we feel thankful that such a man has lived among us, leaving a name inscribed in lasting light on the roll of the benefactors of his race; therefore

Resolved, That for the magnitude of his labors among the physicians of the Southwest for the advancement of medical science covering a space of half a century, for his diversified accomplishments as author and teacher, his great and fruitful work in behalf of societies, for the prominent part he took

in the education of the five thousand young men whose diplomas bear his signature, he will ever be held in grateful remembrance, not only in our own state, but all over the land.

Resolved, That in his conspicuous qualities as a true gentleman, his chivalric bearing, his unmistakable piety, connected as they were with great learning, we have an eminent exemplar of those virtues and graces of mind and heart which together form the crowning glory of human life.

Resolved, That to his stricken family we offer our sincere condolence in their great bereavement.

Resolved, That a copy of these proceedings be sent to his family, to the medical journals of the state, to the Courier-Journal, and that they be spread upon the records of the club.

J. A. HODGE,
W. M. HANNA,
J. B. COOK,
Committee.

On motion the report of the committee was unanimously adopted.

JOHN L. COOK, *Pres't.*
ARCH. DIXON, *Sec'y.*

Dr. John B. Cook made the following remarks: "Thirty-six years ago I caught my first inspiration in medicine from Dr. L. P. Yandell. He was at that time professor in the University of Louisville. The interest he manifested in his pupils won my admiration and regard. The good opinion then formed of him has increased as years have advanced. I feel this evening that another great medical light has gone out. Of whom among us, the living, can so much of praise be said, when we shall have followed him to the last resting-place of all that is mortal—he was a Christian; he was a scholar; he was a physician; he was a gentleman. What more of earth could he have obtained?"

RESOLUTIONS OF THE BOYLE COUNTY MEDICAL SOCIETY.

DANVILLE, KY., February 5, 1878.

Whereas, This society has learned with painful regret of the death of Dr. L. P. Yandell, sr., on yesterday, after a long and distinguished career as a teacher and practitioner of medicine; and whereas, this society numbers more than one in its membership who enjoyed the privilege of his instruction in the course of his long and brilliant career as a teacher, therefore it seems peculiarly fit that it be

Resolved, That this society expresses its appreciation of the eminent services of Dr. Lunsford Pitts Yandell to the medical profession in the capacity of professor, editor, and practitioner; and also the sorrow and regret which will be so widely felt throughout the ranks of the profession by the sudden termination of a faithful, active, and devoted life.

Resolved, That the secretary be instructed to tender the family of Dr. Yandell the sympathy of this society in this great bereavement, and that these expressions of appreciation of his life and sorrow for his death be published in the American Medical Bi-Weekly and the Louisville Medical News.

W. T. POLK, M.D., *Pres't.*
L. S. MCMURTRY, M.D., *Sec'y.*

Original.

RESILIENT IRRITABLE STRICTURE OF THE URETHRA,

Complicated by Perineal Abscess—Treated by External Perineal Urethrotomy.

BY H. A. WEST, M. D.,
House-Surgeon, Galveston City Hospital.

S. B., aged thirty-two, admitted May 14, 1877. The patient has been a hard drinker, and on account of excessive intemperance has been subjected to numerous privations. The commencement of his trouble was in 1867. Two years subsequently he was treated by Dr. Bulkley, of Baltimore, who performed forcible dilatation. He doubtless neglected the regular passage of instruments, as is the custom with this class of patients, and his stricture returned. Two years since Dr. Burroughs, of Houston, placed him under chloroform, and passed, or attempted to pass, a large-sized steel instrument, and directed him to introduce a bougie at intervals of four or five days; but patient stated that he never succeeded in reaching the bladder. He was first admitted to this hospital February 15, 1877, and the treatment by gradual dilatation employed; but before any progress toward a cure was effected he left the hospital.

When last admitted he was suffering from a prolonged debauch and want of food, and on account of this condition it was thought unadvisable to resort to an immediate operation.

On examination two strictures were detected: one in the spongy portion, about four inches from the meatus; the other in the membranous portion. A No. 2 bougie was the largest size that could be introduced, and the effort to introduce it even with the gentlest manipulation was attended by severe pain.

The urethra was so extremely sensitive as almost to debar the passage of an instrument at all, and its introduction was generally intrusted to the patient himself, whose sensations seemed the best guide.

It was found impossible to pass a larger sized bougie than No. 3. Owing to this state of things treatment by gradual dilatation was evidently impracticable. My opinion, in view of the facts previously mentioned, was that perineal section afforded the best prospect for cure. However, before we had decided what operation to perform, this course was rendered imperative by a urethral abscess. The abscess demanding immediate incision, the wisest course seemed to be to relieve it and the stricture at the same operation.

On June 6th, assisted by Drs. Campbell and Harris, the patient being chloroformed, I performed perineal section as follows: a filliform bougie was first introduced into the bladder, and this was threaded upon a Gouley's tunneled sound, which was forced through both strictures, and furnished a guide for the perineal incision.

It was found necessary to incise only the deep-seated stricture, and there occurred a free discharge of pus from the abscess. I was careful to divide all the membranous bands. After withdrawal of the staff, a No. 12 steel sound was passed into the bladder without difficulty. It has generally been the practice after this operation to tie a catheter in the bladder for one or two days. Mr. Syme, in his later operations, abandoned the retention of the catheter in the entire length of the urethra, and as a substitute introduced and secured one through the perineal incision. Believing either practice unnecessary and likely to do harm in this case, no instrument was left in the bladder, and the result proved the judiciousness of this line of procedure. A few hours after the operation the patient had a severe rigor followed by high fever, which was subdued by opiates and quinia. The first micturition was mainly through the perineal incision, after which most of the urine escaped by the natural channel.

About the fifth day after the operation a large-sized steel sound was passed without difficulty, and this has since been repeated at weekly intervals. The perineal wound has gradually closed, and the case has progressed to a cure without an untoward symptom. He was discharged July 3d, being able to pass a large stream, and having greater comfort than he has had for ten years.

GALVESTON, TEXAS.

CHLORAL HYDRATE

A Local Antiseptic and Disinfectant in Puerperal Diseases.

BY J. A. LARRABEE,

Professor of Diseases of Women and Children, Hospital Medical College.

Widely different views are entertained concerning the contagiousness of *so-called puerperal fever*. Not more united are the ideas advanced in regard to treatment. Great medical talent and acknowledged skill have been arraigned upon either side. In regard to the contagious or infectious nature of the disease, these opposing opinions come alike from men whose eminence in the profession and in society entitle them to respect. An exhaustive paper, then, upon this subject would simply contain that which should be found in every doctor's library. The one great thing in which the community, no less than the physician, is interested, is our ability to prevent puerperal peritonitis or stay its progress.

I have several times called the attention of the profession to the disinfectant, deodorizing, and antiseptic properties of chloral hydrate. (See Virginia Medical Monthly and Transactions of Medico-Chirurgical Society.) Recently, however, I have had an opportunity to observe these properties exerted under most unfavorable circumstances. At the time I took medical charge of the Forest Hill Lying-in Hospital there had been four deaths in a period of a few days from puerperal fever, being, as I believe, peritonitis of the septic form. Every thing was in disorder and confusion. Carbolic acid perfumed the place; it was used for every thing—lotions, washes, etc.—under the prevalent but mistaken idea of its antiseptic properties. I immediately substituted

chloral water, directing that in each delivery it should be well used. Thirty-nine deliveries have been accomplished since that time without any untoward result. The immediate effects of the irrigation or lotion are described by the patients as cooling and pleasant.

In all accouchments, whether liable to contagion from without or not, there exist the necessary conditions within the uterus and vagina for setting up septic poisoning *de novo*. There is in all cases an odor to the lochia plainly discernible at the end of the first twenty-four hours. If this condition remains uncorrected, and the nurse neglects to attend to her duties, there is great danger of septic poisoning. A solution of chloral of mild strength in water, and by means of the douche or fountain syringe, removes at once not only the odor, but, I am fully satisfied, destroys the noxious influence of such poison. Carbolic acid, although it has been much lauded, is in my judgment overestimated, is entirely unreliable, and merely substitutes its own odor for that of the disease.

LOUISVILLE.

Reviews.

Diseases of the Nasal Cavity and the Vault of the Pharynx. Translated from the German of Dr. CARL MICHEL, of Cologne on the Rhine, Specialist in Laryngoscopic and Rhinoscopic Surgery. With an Introduction by E. L. SHURLEY, M. D., and C. C. YEMANS, M. D., Detroit, Mich. First American edition. Detroit: C. Jung, publisher. 1877.

This is a pamphlet of one hundred and nine neatly-printed pages, and presents many striking peculiarities that require notice at the hands of the reviewer.

The literature of naso-pharyngeal diseases has multiplied rapidly in the last decade; within that period many advances have been made in this comparatively new and important field of practice. In his preface Dr. Michel tells us that he has practiced in Cologne for *about* six years; that he has met many difficulties in the prosecution of his profession; that he has been obliged to be his "own teacher, but that he has been "rewarded with extraordinary success in healing." Says he, "Soon I gathered a large amount of material, and I was also able to make a number of new discoveries regarding the knowledge and treatment of diseases in the nasal cavity and pharyngeal vault." Drs. Shurley and Yemans say the translator, Mr. C. Jung, "has faithfully done his work." They say they have read the work in the original and the translation, and think it has sufficient merit to recommend itself to the profession in America." Drs. S. and Y. say also that "Dr. Michel has contributed much to our knowledge of pathology." If the merits of the work rest upon its novelty, we accord it an exalted position in the current literature of medicine. In *about* four years Dr. Michel says he has examined *about* four hundred and fifty diseased nasal cavities. Altogether he has seen *about* eight hundred and fifty persons whose nasal cavities he examined, though four hundred of them had throat-affections only.

In describing acute nasal catarrh (p. 19) he says: "The posterior ends of the turbinated bones are found to be edematous, swollen, gray, or gray-reddish. In cases of violent acute catarrh the turbinated bones and the septum touch each other." He must possess wonderfully acute vision who *sees an edematous bone*, and recognizes its *color* through an overlying inflamed unruptured mucous membrane. Like Robier, who before examining the beautiful damsel ordered that she be veiled, our author declares that "in touching the mucous membrane with the probe I noticed that it was considerably raised from the underlying bone" (p. 21). He speaks of swollen turbinated bones being reduced in size by rubbing the vascular tissue with a probe, "inciting contraction in a reflex way by the expansion of the nasal wings."

The first sentence in the next paragraph reads: "It is therefore only a symptom, the treatment of which alone has no influence on the condition of the entire situation"

(p. 23). Speaking of the swollen state of "the entire turbinated bone," he says, "One has to press deeply into it in order to get to the underlying bone, and as soon as the probe is removed the depression ceases." He writes fluently about the turbinated bones projecting posteriorly so far as to "rest on the uvula, and sometimes cover a part of the eustachian orifice; they touch each other in front of the septum" (p. 24). This certainly is one of the wonders of the world. We venture to predict as much fame for our modest author, in the prosecution of his "new discoveries" in pathology, as Don Quixote won in his renowned contest with the wind-mills. The patent-medicine-almanac man can copy every word Dr. Michel has written, with the assurance that no ordinary mortal, however much he may be versed in strictly scientific medical lore, will ever be able to expose the mysteries of a single sentence. The work passes so far beyond mere dry anatomical details that Buck Fenshaw's moral philosophy pales into insignificance beside it.

Dr. Michel treats his patients with the "galvano-cautery," by destruction of the inflamed schneiderian membrane. The milder forms of catarrh are treated with insufflations of nitrate of silver and talc rubbed into an impalpable powder—one part of silver to twenty parts of the talc—and the occasional use of "snuff-water"—strong solutions of chlorate of potash.

In conclusion, to put it as mildly as possible, the book does no one connected with it any credit, save only the publisher, whose part is indeed most excellently done.

D. S. R.

The Arkansas Medical Record: A Monthly Journal of Practical Medicine. Conducted by JAS. J. HALE, M. D., Editor; AMBROSE LYNN, Business Manager. Little Rock, Ark. Terms: $2.25 per annum; single copies, 25 cts.

The first number of the Arkansas Medical Record has just reached us, and we welcome it into the large and laborious family of American medical journals. This number evinces energy and wisdom and spirit, and we doubt not the Record will prove itself an honor to the brave state from which it emanates. We wish Dr. Hale success in his new enterprise.

Books and Pamphlets.

ON THE TREATMENT OF CHRONIC ECZEMA BY A GLYCEROLE OF THE SUBACETATE OF LEAD. Second edition. By Balmanno Squire, M. B., London, Surgeon to the British Hospital for Diseases of the Skin. Reprinted from the Medical Times and Gazette of March 18 and 25, 1876, with an Appendix. London: J. & A. Churchill. 1878.

REPORT OF THE PENNSYLVANIA HOSPITAL FOR THE INSANE FOR THE YEAR 1877. By Thomas S. Kirkbride, M. D., Physician-in-Chief and Superintendent. Published by order of the Board of Managers. Philadelphia, 1878.

CEREBRO-SPINAL MENINGITIS. A Report to the State Board of Health upon an Epidemic in Monroe and Lenawee Counties, Michigan; and a Study of some other Facts relative to the Cause of the Disease. By Henry B. Baker, M. D., Secretary of the Board and Member of Committee on Epidemic, Endemic, and Contagious Diseases. Reprinted from the Second Annual Report of the State Board of Health of the State of Michigan, for the Year ending September 30, 1874. Printed for the Author by W. S. George & Co., Lansing, 1875.

THE CAUSE OF CHOREA. By Henry B. Baker, M. D., Lansing, Mich. Reprinted from the Detroit Review of Medicine and Pharmacy, October, 1876.

A CASE OF PUERPERAL SEPTIC FEVER. Reported by George J. Northrop, M. D., of Marquette, Mich.; and some Remarks on the Relation of the Medical Profession to the People, by Henry B. Baker, M. D., of Lansing, Mich. Reprinted from Detroit Medical Journal, September, 1877. Detroit, Mich.: William A. Scripps, printer. 1877.

DERMATOLOGY IN AMERICA: being the President's Address before the First Meeting of the American Dermatological Association, at Niagara Falls, N. Y., September 4, 1877. By James C. White, M. D. Reprinted from the Archives of Dermatology, January, 1878. New York: G. P. Putnam's Sons. 1878.

SOME VITAL STATISTICS OF THE CITY OF WILMINGTON. By L. B. Bush, M. D. Read before the Delaware State Medical Society, June, 1877. Wilmington: Glatts & Eckel, printers. 1877.

THE PRESIDENT AND TRUSTEES OF THE UNIVERSITY OF LOUISVILLE, APPELLANT, VS. THE CITY OF LOUISVILLE, AND THE BOARD OF TRUSTEES OF THE MALE HIGH SCHOOL, THE FEMALE HIGH SCHOOL, AND THE PUBLIC SCHOOLS OF THE CITY OF LOUISVILLE, APPELLEES. Brief for Appellant, before the Court of Appeals of Kentucky, by James S. Pirtle, Counsel. Louisville: J. P. Morton & Co., printers.

Miscellany.

ON THE THERAPEUTIC USE OF IODOFORM.—Locally iodoform, as a dry powder, brushed lightly over the surface with a moistened camel-hair pencil, has been for three years my almost invariable treatment of venereal sores, especially the local chancre. During the last few months I have often substituted for the dry powder an ethereal solution (one part of iodoform in six or eight of ether.) The sore is touched or dabbed with a pencil dipped in the ethereal solution, according to its size and depth, lightly or copiously. The ether quickly evaporates, leaving a thin pellicle of idioform that as effectually stays the spread and produces healing of chancres as does the more copiously applied dry powder. Thus the surface is covered more exactly, and the disagreeable smell of the iodoform is too faint to attract attention. The sore is well washed with water and dried before the iodoform is applied, and the surface is lastly protected by a bit of dry lint. When the secretion is abundant the dressing must be renewed twice daily, but in three or four days the amount of discharge becomes so scant that the one dressing per diem suffices.

In this way venereal sores heal quickly. Pain subsides at once; the sore is well in a week or ten days, and the chances of consecutive inoculation or bubo are greatly lessened. In a very few cases the application of iodoform gives momentary smarting, which is very bearable; even the ethereal solution does not hurt, and usually the patient declares the application to be quite painless. I avoid using iodoform on inflamed sores, or on simple granulating wounds; but indolent non-specific ulcers are rapidly improved by iodoform locally applied.

Lately I have given idoform internally with great benefit. It acts more rapidly than potassic or other iodides, and, judging from experience thus far, is as readily borne as are those salts. I have given it in one-and-a-half-grain doses as a pill with extract of gentian. Three pills are given each day, increasing gradually till eight or ten pills are taken in twenty-four hours.

I have used it with excellent effect in cases of obstinate syphilitic ulceration of the tongue, where the dorsum is covered with rugged thickened epithelium, which is constantly splitting into deep fissures, and thus causing continual severe pain to the patient. This affection is often quite insensible to mercury, alkaline iodides, or arsenic, the remedies usually beneficial. In three of these obstinate cases, where I had been treating the patients at intervals for years with the remedies just mentioned with little lasting benefit, iodoform-pills have acted like a charm. Pain, immediately lessened, in two or three days ceased wholly; and the fissures healed rapidly, while the tongue soon shrank to its natural size. How long the relief will endure time alone will show, but any interval of only apparent cure of this very painful affection is a great blessing to the sufferer, and time is given for the exhibition of mercury if required. In December last I had under my care in University College Hospital a patient with ulcerated and protruding gumma of the left testis, non-ulcerating gumma of the right testis, and ulcerating gummata of the skin over the upper end of the right tibia, with other syphilitic affections. Iodoform was administered in pills, and water-dressing applied to the ulcers. Rapid healing and subsidence of the swellings took place, notwithstanding that, when the dose of eight pills per diem had been reached and administered for three days, an outbreak of pyrexia, coryza, and iodic acne rendered it necessary to drop the drug completely for a short time. In three weeks the patient left the hospital almost

healed, and continued his treatment as an out-patient. Again, a lady who has during the last two years consulted me occasionally for intensely agonizing pain in the head caused by syphilitic pericranial and cranial disease, for which a customary dose was thirty grains of sodium iodide three times daily, was at once relieved of pain by the iodoform pill taken three times daily, though on the third day, nausea became too urgent to allow the iodoform to be continued in that quantity; it was at first diminished till pain ceased, and then discontinued altogether. This small experience has satisfied me that in idoform we have a very useful addition to our store of weapons for fighting syphilis. Further observation will enable us to apply it more exactly and when most suitable.—*Dr. Berkeley Hill, in Brit. Med. Journal.*

THE LIQUOR-TRAFFIC IN FRANCE.—In France, according to recent statistics, the consumption of alcohol has progressively increased during the last forty years. It was two litres per head in 1839; it is now considerably increased. The alcoholic drinks chiefly used are wine, cider, beer, brandies, and liqueurs. Wine is the national drink *par excellence*. On an average, the consumption of it per inhabitant per annum is one hundred and twenty litres. But while only thirty-eight to eighty litres are consumed per head in some departments, three hundred and sixty are consumed in others. The consumption of cider is diminishing; it is about twenty litres per inhabitant. Brandy is taken to facilitate the digestion of cider, and the more cider is taken the more is taken of brandy. The consumption of beer has increased in the last fifty years. In 1823 it was about eight litres per inhabitant; it is now about twenty-two. The departments which consume most alcohol (spirits) are those which do not consume wine. It has been further shown by M. Lunier (1) that it is in the departments which consume most alcohol that excessive drinking produces most cases of accidental death; (2) that the cases of habitual drunkenness are five times more numerous in the departments which consume most spirits than in those which chiefly consume wine. It is the same in cases of madness arising from alcohol. The proportion is almost every where in ratio to the direct consumption of spirits. The only exception is in La Vendeé and La Charente Inférieure, which only consume white wines; and it is now known that these wines, taken in excess, are nearly as dangerous in this respect as brandies.—*Med. Press and Circular.*

DEATHS FROM ACCIDENTAL POISONING.—During the past year forty-one cases of fatal poisoning have been reported in the Pharmaceutical Journal, which, though not presumed to be nearly all that have occurred in Great Britain, give some clue as to the relative frequency of the fatalities from each substance and include the most interesting cases. The cases have been, from arsenic, 1; atropia sulphate, 2; carbolic acid, 8; chloral hydrate, 4; corrosive sublimate, 1; cyanide of potassium, 1; an embrocation, 1; hemlock, 1; laudanum, 2; mercurial powder, 1; "nurses' drops," 1; opiate draught, 1; opium, 3; paregoric, 1; phosphorus paste, 1; prussic acid, 5; strychnia, 5; and teething powders, 2. Concerning these it may be remarked that carbolic acid was administered for medicine three times in public institutions, and mistaken once for cough mixture and once for water. The sulphate of atropia was in the form of eye-water and not labeled "poison." The strychnia was in three cases taken in the form of vermin-killer, but in one had become mixed with santonin, and a similar accident has led to two cases of poisoning in Canada during the year.—*Ibid.*

CHOLERA.—The latest news from Egypt confirms the report that cholera has broken out in Mecca and Jeddah, and gives the information that the deaths from the disease averaged seventy daily in the first-named town and thirty in the last named.

THE PREVENTION OF HYDROPHOBIA.—The following suggestion, from a distinguished London surgeon, Jonathan Hutchinson, is made through the British Medical Journal: "Will you allow me to ask the attention of your readers to a suggestion which has, I think, some practical bearing upon the prevention of hydrophobia? Would it not be well in crowded communities like ours, where dogs are but little needed for the chase, to compel by law the removal of the canine teeth? The small number of dogs in which these teeth are required for special purposes might be exempted. It is the formidable canine tooth which, in nine bites out of ten, does the damage; without it few dogs would be able to bite through clothing, for instance; and in their attacks upon each other they would probably usually fail to break the skin. There would be but little suffering involved in the extraction, and the dogs themselves would be great gainers, not only in the diminished risk of rabies, but also in that they would not inflict on each other nearly so much pain in their ordinary quarrels."

A GERMAN paper gives a test for watered milk which is simplicity itself. A well-polished knitting-needle is dipped into a deep vessel of milk and immediately withdrawn in an upright position. If the sample is pure, some of the fluid will hang to the needle; but if water has been added to the milk, even in small proportions, the fluid will not adhere to the needle.

THE PATHOLOGY OF CONCUSSION.—A new light has been thrown upon this obscure question by the experimental investigation which M. Duret, already so well known for his careful anatomical and experimental researches on the nervous system, has recently laid before the Société de Biologie. According to his late experiments, it is to changes in the tension of the cerebro-spinal fluid, and not directly in the cerebral pulp itself, that we should refer the phenomena of concussion.—*British Med. Jour.*

PILOCARPIN, the active principle of jaborandi, is best given in the form of the muriate, in one third to one half grain, in solution, hypodermically, says Dr. Louis Henry, in the British Medical Journal; and he continues: "Pilocarpin does not cause the evil after-effects of jaborandi, such as vomiting, vertigo, nausea, etc. Like jaborandi and its class, pilocarpin has no specific therapeutic effects; it merely acts as a powerful diaphoretic and dialagogue. Any evil effects that may be produced by its administration—as vomiting, etc—which rarely occur, can easily be suppressed by the inhalation of a few drops of nitrite of amyl."

HIPPOPHAGY IN THE METROPOLIS.—It is stated by M. Decroix, whose efforts to promote the use of horse-flesh as a cheap and wholesome article of food are well known in Paris, and which have been so far successful that there are now about sixty establishments open in the most populous districts in that city, intends to extend his crusade to England by contributing to found shops for the sale of horse-flesh in the English capital.

TELEPHONIC AUSCULTATION.—A writer in the Medical Press and Circular says: "Last night I listened to a young lady's chest with a telephone; the young lady stood in the hall, and I was in the dining-room, thirty feet away. One cylinder was placed on the chest and the other at my ear, the connecting thread of the little toy being kept quite tense. I heard the healthy sounds of a very healthy chest quite distinctly."

BREAD FOR WARRIORS.—An Austrian military paper, the Vedette, states that some bread of the same kind as that issued to the Russian troops in Bulgaria, was recently obtained and examined by the military intendence in Vienna. A careful analysis revealed the fact that the bread contained nineteen per cent of sawdust and fourteen per cent of sand.—*Medical Press and Circular.*

Selections.

On Miners' Nystagmus.—The London Medical Record publishes the following from a paper, by M. Dransart, read before the French Association for the Advancement of Science, Havre:

Symptomatology.—The nystagmus consists of an involuntary and rhythmical oscillation of the eyeballs. The number of oscillations varies from fifty to one hundred and forty in the minute. The oscillations are vertical or horizontal; often the two forms of oscillation are combined, causing a rotary movement of the globes. The oscillations are always synchronous, but they are not always equal in extent in the two eyes. In all cases where this inequality in extent of motion was observed there was double vision. The oscillations are most readily excited when the line of vision is raised above the horizontal plane of the two eyeballs. Work in the pit, movements of the body, excite the nystagmus by causing this position of the line of vision. Darkness, a bright light, or any thing which depresses the general health, also aggravates the oscillations. Excess of spirituous liquors acts in the same manner; but during the drinking bout the nystagmus is less, the elevator muscles having more tone and being better able to preserve their equilibrium. There is nothing characteristic in the facial appearance of the patient. In all the cases observed there were marked anæmia, hæmic murmurs, stitches in the side, disorders of digestion, and sweatings. An intimate relationship between the general condition and the nystagmus was observed. In proportion as the anæmia improved under treatment the nystagmus also diminished, and *vice versa*. The patients complained of headache, with sensations of fullness and tingling in the eyeballs. Exactly the same symptoms are seen in asthenopia, diplopia, weakness of the internal recti, and paresis of the superior recti and the inferior oblique muscles. In all cases in which the investigation was made the author found weakness of the superior recti and of the inferior oblique muscles. This weakness and the nystagmus went hand in hand; in proportion as the former became less the latter also diminished. The accommodation is always defective, but as the nystagmus becomes less the paresis of the ciliary muscle disappears. The refraction is natural; the fundus healthy. During the attacks of nystagmus vision is blurred; during the intervals sight is generally perfect. In one case in which the affection had lasted for a long time a decided sluggishness of the retina, with narrowing of the field of vision, was present. Some affection of the fundus was suspected, but the patient completely recovered.

Forms of the Affection.—The nystagmus is nearly always the same. There are two varieties. In the first, which comprises the great majority of cases, the oscillation in the two eyeballs is equal in extent; in the second form it is unequal, and there is always double vision.

Duration.—The affection may last for five or six years. As a rule, when recovery takes place even at the end of that time, the sight is unimpaired. The author suggests the possibility of the sluggishness of the retina which was present in one of his cases continuing sufficiently long to become permanent.

The *diagnosis* is easy. Even where there is some narrowing of the field of vision from sluggishness of the retina the peculiar character of the oscillations, the absence of any lesion in the eye itself, and the occupation of the patient will prevent mistakes.

Etiology.—The affection is almost confined to coal-miners. All other underground workers are exempt. The ages of the patients vary from twenty to fifty years. The affection is rare—five cases occurring among ten thousand coal-miners.

Pathology.—While admitting that the air of the mine and the darkness may in some measure predispose to the affection, the author thinks that the chief cause is the position in which the miner is obliged to keep the eyeballs while at work; he must constantly look above the horizontal line of sight. In this position the superior rectus and the inferior oblique muscles are always on the stretch. In consequence of this excessive work a "myopathy" is set up in these muscles, as a result of which they are unable to overcome their antagonists by a single effort; a repetition of short rapid contractions therefore takes place, causing the nystagmus. When the internal recti are affected horizontal oscillations occur.

The author adds that he has in all cases seen this "myopathy" accompanied by anæmia and deficient accommodation; and since these factors are always in direct proportion to the nystagmus, he concludes that they have some influence in its production.

Treatment.—M. Dransart recommends iron, quinine, strychnia, electricity, and work in daylight. The electricity ought to be applied chiefly to the muscles which elevate the eyeball, and to the internal recti.

On Sudden Death after Severe Burns.—At the recent Medical Congress at Munich, Professor Ponfick, of Göttingen, described some experiments he had performed with the view to discover the cause of sudden death after extensive burns. Scalding water was applied to dogs, and the results were classified with reference to the extent of the injured surface and the intensity of the heat applied. In all cases in which the burn was severe, important changes in the blood could be shown to take place a few minutes after the injury; the red corpuscles underwent dis-

integration, and were broken up into an infinite number of minute colored particles. After a time, varying with their original quantity, these particles disappeared, but not without having set up serious disturbances in several organs remote from each other. The kidneys appeared to bear the brunt of the mischief; they excreted a large proportion of the hæmoglobulin which had been to some extent set free and was circulating in the blood. Their action in this respect, however, at least in severe cases, was accompanied by very severe parenchymatous inflammation, which was shown by the appearance in the urine of peculiar colored casts by infarction of the uriniferous tubules, fatty degeneration of the epithelium, etc. Another portion of these fragments remained within the organism; it disappeared in the splenic pulp and the medulla of the bones, being taken up by the contractile cells, to undergo, in all probability, a gradual resolution. The reception of the particles by the cavernous tissue of these parts caused the organs to appear greatly enlarged, even to the naked eye, and to exhibit increased redness and succulence on section. Taking into consideration all the symptoms connected with burns, Professor Ponfick is inclined to believe that the fatal issue in many of the severe cases and the serious symptoms in others which recover are to be explained by the fact that the red corpuscles undergo extensive and sudden disintegration. He leaves as undecided the question as to how far acute uræmic poison may contribute toward the fatal issue. If this theory be true, transfusion would appear to be indicated as a rational therapeutic measure; and Dr. Ponfick recommends that in all urgent cases recourse should be had to this operation.—*Med. Examiner, Nov.* 9, 1877.

Influence of Iron mixed with Food on the Blood.—Nasse fed a dog weighing about seventeen and two thirds pounds, during eighty-seven days, with bread and potatoes, giving at the same time, for twenty-five days, fifteen and a half grains of lactate of iron daily, and for the remaining sixty-two days eighteen and a half grains of oxide of iron each day; the dose in each case being mixed with about six sevenths of an ounce of fat. The weight of the animal increased by more than two pounds. The specific gravity of the blood rose from 1052 to 1060.8; that of the serum remained nearly unchanged. The amount of iron in the blood increased from 0.477 per mille to 0.755. In seven other dogs out of eight subjected to experiment feeding with various preparations of iron was followed by an increase of the solid constituents and of the specific gravity of the blood; the latter being 3.02 higher than before, indicating an addition of 7.6 per mille to the former. The increase of the solid constituents depended solely on that of the blood-corpuscles. The amount of iron in the blood rose regularly. In conclusion, the author expresses his belief that the administration of iron mixed with fat is productive of the most fruitful results; and he recommends the use of fat food containing iron for anæmic patients.—*British Med. Jour.*

The Automatic Method of Reducing Luxations of the Hip.—In the "Periscope" of the Hospital Gazette and Archives of Clinical Surgery, November, 1877, E., of Birmingham, notices the successful treatment of some cases of this accident by the above method, the credit of which is due, in the first place, to Dr. Allen, who accidentally discovered it, in 1875, while lifting a patient into a suitable position for attempting reduction; in the second place by Dr. Crosby, who successfully applied it in several instances, and who has the credit of having first given it to the profession. The first of Dr. Crosby's patients had typical dorsal dislocation of the hip. To reduce it the patient was placed on his back on the floor, lying on a blanket; he was thoroughly anæsthetized, in order to obtain complete muscular relaxation. The legs were flexed at right angles to the thighs, and the latter similarly flexed on the pelvis, for the purpose of removing the strain from the ileo-femoral or Y-ligament. Dr. Crosby then placed his hands under the calves of the legs, quite near the knee, and, raising the pelvis a short distance from the floor, made very slight abduction of the affected limb, when the head of the bone at once slipped into its normal position. The extending force was the patient's own weight.

Treatment of Catarrhal Jaundice by Enemata of Cold Water.—We learn from a recent number of La Presse Médicale that Dr. Koull, of Gustrow, recommends this disease to be treated by injecting cold water into the rectum by means of an irrigator. The operation should be practiced once in the twenty-four hours. The quantity of water used should depend upon the susceptibility of the individual. The temperature of the water should commence at 12° Reaumur, to be decreased to 3°, as the bowel will not well bear the contact of the water when the temperature remains the same. Seven injections have been sufficient to effect a cure in the practice of Dr. Koull. This treatment removes the feeling of oppression at the epigastrium, the headache, anorexia, etc. In the majority of cases, after the second injection, the feces are colored with bile, and the color of the urine becomes more natural. In the opinion of the author, the cold water excites the peristaltic movement of the bowels, as well as the secretion of bile, the collection of which in the biliary passage is the chief obstacle to its free evacuation.—*Med. Press and Circular.*

Hypodermic Injection of Ergotin and other Remedies in Hemoptysis.—In the Wien. Med. Presse Dr. Joseph Hirschfield makes some very practical remarks on the employment of these remedies. Swallowing bits of ice is preferable to the external application of cold. It is aided by deep inspiration and holding the breath, except when the bleeding occurs from a cavity. The compression exerted by the forcibly inspired and retained air exercises undoubtedly a certain pressure upon the vascular walls and the gaping wound. With this object Hirschfield causes the patient to suck a cooling drink slowly through a glass tube. Internal styptics, he thinks, are of little value, and not infrequently upset the stomach. Among narcotics digitalis is most important, especially in some cases of heart-complication. The sovereign agent, however, in hemoptysis is ergotin, which, as is known, acts as a vaso-constrictor. Drasche was the first to use ergotin in this way in 1871. It is best administered in a glycerine solution (one to ten). To prevent any irritation from the puncture, and to allay the irritability of the nervous system frequently present in these cases, he precedes the injection by one of morphia, or adds morphia to the solution of ergotin.—*Med. Press and Circular.*

Nervousness in the Male.—There is a form of cardiac and vasal irritability which is found in many nervous people, and which is most distressing. I have now a patient who never receives a guest, or even the best known visitor, without becoming pale, even white to faintness, and without having the most violent palpitations. Another never opens a letter without like symptoms. In such cases full doses of digitalis long kept up are most valuable, and are in many cases capable of helping to form a habit of insensibility to such influences when once we have succeeded in bringing the nutritive system into perfect condition. Digitalis has, I think, no power to aid the other symptoms of general nervousness. It helps the vasal and cardiac troubles, but not the tremor nor yet the mental symptoms, the indecision, the shyness, the timidity, the self-consciousness, as chloral does, at least for the time.—*From a Lecture, by Dr. S. Weir Mitchell, in Amer. Jour. of Dental Science.*

Stibiodermic Treatment in Acute Articular Rheumatism.—M. I. Guérin read a paper at a meeting of the Paris Academy of Medicine, upon the 4th of September, upon the abortive treatment of acute articular rheumatism by means of what he terms the stibiodermic method. This consists in the inunction every six or eight hours of an ointment containing one part of tartar emetic in two of lard. He states that a rapid reduction may thus be obtained of the pain experienced in the early stage of coxalgia. The cessation of the pain he attributes to a dynamic action of the remedy, and not to any revulsive action. The same results were obtained in gout when the symptoms only preluded the definitive attack, three or four inunctions being sufficient to prevent the onset of the disease. When, however, the attack was fully developed, a flying blister placed on the center of the swelling quickly effected its removal.—*Archives générale de Medicine.*

Double Vagina and Uterus.—Dr. Henry Gervis describes a case of this kind. The patient had been married four years, suffered from dysmenorrhœa, and sometimes dyspareunia. There were two vaginæ, separated by a septum from one twelfth to one eighth of an inch in thickness. The left vagina was larger than the right. At the top of each vagina was a cervix with a small os uteri. A probe could be introduced into the left for half an inch; into the right for an inch and a half. There were two uteri present. The septum between the vaginæ was divided by the galvanic *écraseur*, with a view of relieving her suffering.—*Brit. Med. Jour.*

Injection of Hot Water into the Uterus in Cases of Post-partum Hemorrhage.—Dr. Lombe Atthill, in a paper read before the Dublin Obstetrical Society, December 9, 1877, in conclusion pointed out that hot water was a safe and efficient remedy in post-partum hemorrhage, and had the great advantage of being always at hand. It was not intended to supersede the use of cold, but to supplement it. Dr. Atthill further urged practitioners to give the method a fair trial, assuring them of its safety, and expressing his belief that it would be the means, if brought into general use, of saving many lives. This practice originated in the United States.

A Specific for Diphtheria.—Dr. Chapman, of Brooklyn, New York, claims alcohol as a specific for diphtheria, reducing the death-rate from eighty-seven to the hundred cases to less than four. He combines with alcohol (in the form of whisky) quinine, though the latter is not essential. He claims great success, and says he has never heard of but one drunkard having the disease; and states further that alcohol so administered has none of the intoxicating effects seen when given to persons in health. He considers alcohol as an antidote to the diphtheritic poison.

Dr. Earle says, quoting Dr. Mitchell; "In round numbers, of ten persons attacked by insanity five recover and five die. Of the five who recover not more than two remain well during the rest of their lives; the other three sustain subsequent attacks, during which at least two of them die."